

Foster Family Home - Corrective Action Report

Provider ID: 1-210050

Home Name: Cherica S. Magbaleta, CNA

Review ID: 1-210050-1

91-1017 Ahona Street

Reviewer: David Ayling

Ewa Beach

HI

96706

Begin Date: 7/7/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date